

15. NAME OF FATHER, DATE AND PLACE OF BIRTH, AND ADDRESS (If deceased, so state and give year of death)

16. MAIDEN NAME OF MOTHER, DATE AND PLACE OF BIRTH, AND ADDRESS (If deceased, so state and give year of death)

17. LIST BELOW ALL EMPLOYMENT FOR THE LAST TEN YEARS

EMPLOYER	LOCATION	JOB TITLE	FROM/TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In what occupation do you intend to work in the United States? _____

18. LIST BELOW ALL EDUCATIONAL INSTITUTIONS ATTENDED

SCHOOL AND LOCATION	FROM/TO	COURSE OF STUDY	DEGREE OR DIPLOMA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Languages spoken or read: _____

Professional associations of which you are a member: _____

19. MILITARY SERVICE: Yes No

Branch: _____ Dates of Service: _____

Rank/Position: _____ Military Speciality/Occupation: _____

20. LIST BELOW ALL PLACES YOU HAVE LIVED FOR AT LEAST SIX MONTHS SINCE REACHING THE AGE OF 16. BEGIN WITH YOUR PRESENT RESIDENCE.

CITY OR TOWN	PROVINCE	COUNTRY	FROM/TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. LIST DATES OF ALL PREVIOUS VISITS TO OR RESIDENCE IN THE UNITED STATES. (If never, so state) GIVE TYPE OF VISA STATUS, IF KNOWN. GIVE "A" NUMBER, IF ANY.

FROM/TO	LOCATION	VISA	TYPE OR "A" NO. (If known)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE OF APPLICANT	DATE
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NOTE: Return this completed form immediately to the consular office address on the covering letter. This form will become part of your immigrant visa and your visa application cannot be processed until this form is complete.

*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OIS/RA/DR) Washington, D.C. 20520-0264, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0015), Washington, D.C. 20503.